

Headquarters U.S. Air Force

Integrity - Service - Excellence

AFMS Group



**3 Dec 03
1300-1530**

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Agenda

- | | |
|--|---------|
| ■ Approval of Minutes - Mr. Costa | 5 Min |
| ■ PBD 041 Update - Mr. Gooding | 5 Min |
| ■ MAJCOM POM Progress Report - MAJCOMs | 15 Min |
| ■ IPT Reports | 105 Min |
| ■ New Business / Open Discussion | 15 Min |



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Minutes Approval

- **19 Nov 03 AFMS Group Minutes - Approved?**
- **Archives of AFMS Corporate Structure minutes can be found at:**
 - **O:\SG_Common\AFMS Corporate Structure**
- or -
 - **<https://kx.afms.mil/afmsengineerroom>**

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Aerospace Operations Panel



**Col Chuck Fisher
Chair, Aerospace Ops Panel
AFMSA/SGP
297-4200
24 November 2003**

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Overview

- **311th HSW IPT**
 - **HSW Background**
 - **Scope/Purpose**
 - **Membership**
 - **Analysis Methodology**
 - **Timeline/Milestones**
- **AEF IPT**
 - **Scope/Purpose**
 - **Membership**
 - **Analysis Methodology**
 - **Timeline/Milestones**

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Aerospace IPT - 311th HSW Program Review

■ Scope/Purpose

- To take inventory of the organization's DHP and related programs**
- Assess cost versus benefit while mapping all PECs and FACs to the appropriate AFMS Panels.**
- The ultimate product will be a comprehensive inventory of the current programs determine their benefits, assess these programs from most to least dear, and map the PECs and FACs to the appropriate AFMS Panels.**
 - Required Completion Date: The IPT will provide an update during the POM Build Training session and then a final report must be provided NLT 17 Nov 03 in preparation for the Group meeting in December.**



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Aerospace IPT - 311th HSW Program Review

■ Membership

- AFMSA/SGP Col Charles Fisher**
- HQ AFMC Representative Col Gary Triche**
- 311th HSW Representative Col(R) Rodger Vanderbeek**
- HQ AF/SGM Lt Col Mark Tesmer**
- Aerospace Operations Lt Col Vince Michaud**
- Medical Operations Col Whit Campbell**
- Medical Support Lt Col Tracy Tenney**
- Dental Operations Col George Gerdts**
- Medical Modernization Col Steve Holt**
- Force Development Lt Col Tom Swinson**
- Aerospace Ops PEM Major Kevin Franke**

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Aerospace IPT - 311th HSW Program Review

- **Analysis Methodology**
 - **Stepwise Mapping and Analysis of Resources and capability based drivers**
- **Timeline/Milestones**
 - **Assignment of FACs and Skeletal construction**
 - **Aug 2003 - done**
 - **Assignment of Programs/Elements/Resources w/in FAC**
 - **Aug 2003 - done**
 - **Assignment of FAC to Panel**
 - **Sept-Oct 2003 - done**
 - **Detail of Program w/in Panels**
 - **Nov-Dec 2003**

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Inventory of HSW Programs

- **What is a program?**
- **311th HSW provided broad overview of programs**
- **Initial Inventory accomplished by defining manpower**
 - **Rapid Slides by FAC level submitted**
 - **PEC too large for true definition of a program**
- **MILPERs divided by program to a percentage**
- **“Out of hide” activities complicated visibility**
- **“One-time” historical funding identified**

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311th Human Systems Wing



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Missions / Chain of Command

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AFMC Mission: Plan, develop, field, and sustain integrated air and space capabilities for dominant warfighting effects...today and tomorrow



ASC Mission: Rapidly develop, acquire, modernize and sustain the world's best aerospace systems



311th HSW Mission: The development of combat power and efficiency through the many facets of aerospace medicine
World's Only Aerospace Medicine Wing

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HSW Aerospace Medicine Wing Intent



311th Human Systems Wing Commander's Intent

Human-operator performance and systems capabilities are fully integrated to maximize air and space power

Our Vision: *An overwhelmingly effective warfighter through*

leading-edge human performance and
(Human) (Global health) (Conops + Technology) = Capability

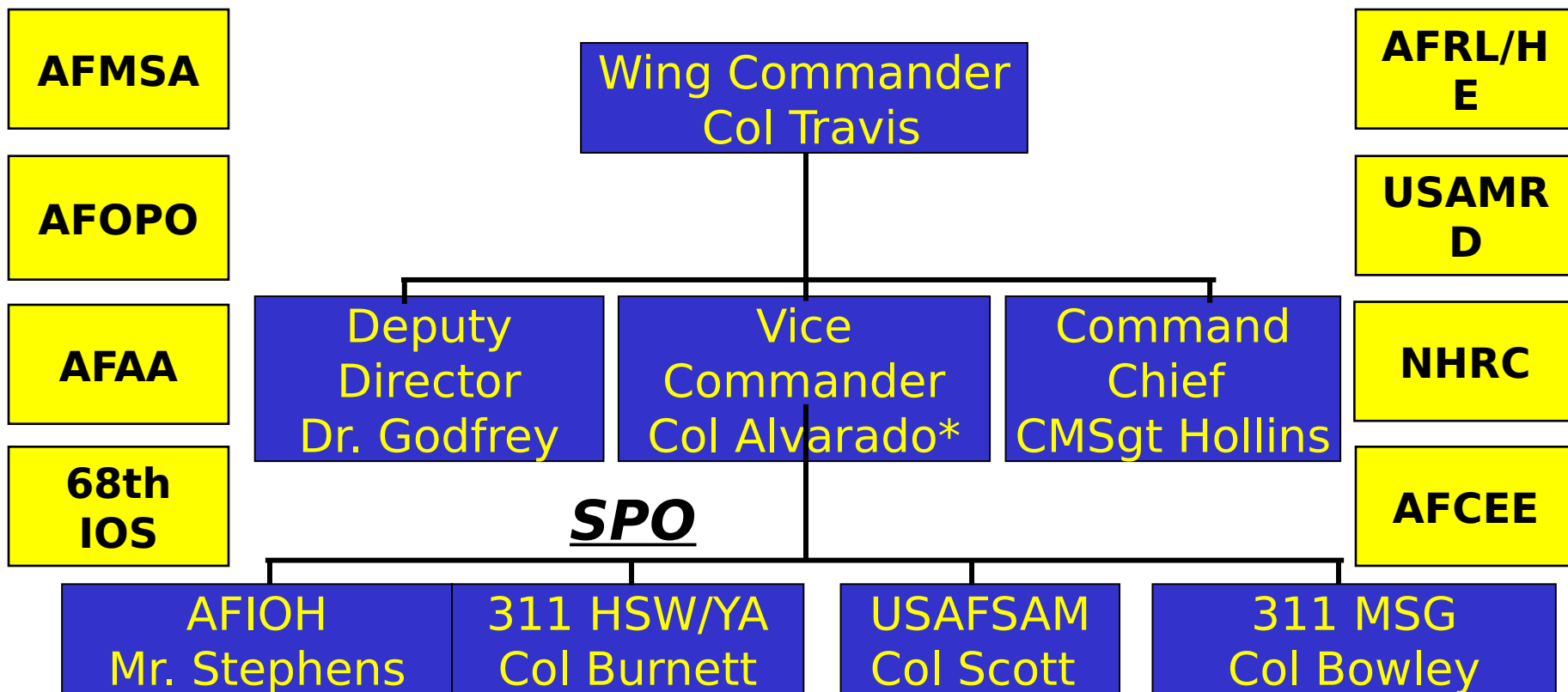
"IT'S ALL ABOUT HUMAN PERFORMANCE"

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311th HSW



* Tenants drive signif. Portion of MSG/staff activity

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Integration >> Mission “Outputs”

**AFIOH USAFSAM YA MSG +
PARTNERS**

**Force
Protection**

**Human
Systems
Integration**

**311th HUMAN SYSTEMS WING
MISSION**

The Development of Combat Power and Efficiency
Through the many Facets of Aerospace Medicine

**Direct
Mission
Support**

**Human
Performance**

**Education
& Training**

Enhancement

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Users / Customers Supported

- **Air Force**
 - **AFMC, AF/SG, MAJCOMs, SAF/IL // AQ**
- **DoD**
 - **Army, Navy, JPEO-CBD, NORTHCOM, TRANSCOM, SOCOM, ...**
- **Federal**
 - **DARPA, DTRA, CDC**
- **International**
- **State / Local**
 - **Civil Support Teams, TX Guard, SAT Met Health**

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Assign Activities to Appropriate Panel

- **AFMS corporate structure/panel assignment**
- **USAF/SAM Discussion**
 - **Dental GME precedent**
 - **RTOC function**
- **Course breakout in-line with 882 TRG IPT**
 - **Separate Working Group to further develop**



Specific Assignments

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- **Dental Investigative Services(Dental)**
 - **10 Military, 11 FTE, \$187.5K program assets**
- **Number of programs in Modernization (MOD)**
 - **82.5 Military, 99.5 FTE, \$2,551M DHP**
 - **262 FTE, \$13,653M Line**
- **Clinic Reference Lab (Support)**
 - **56 Military, 90 FTE, \$1,135M DHP**
- **Drug Lab (Ops)- 2 Military, 2 FTE, DHP**
- **311th MDS mapped by appropriate MTF FAC**

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311th HSW Financial TOA

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	USAFSAM	AFIOH	YA	HSW
Aerospace Operations	\$10,647K	\$8,486K		\$1,691K
Medical Modernization	\$1,768K	\$614K *O&M	\$1,755 K	\$360K *O&M
Force Development				
Medical Operations		\$0		
Medical Support		\$8,323K *O&M		
Dental	\$187K			

•Brooks Clinic mapped using standard MTF Panel mapping

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311th HSW Manpower TOA

O/A/C	USAFSAM	AFIOH	YA	HSW
Aerospace Operations	170/166.5/ 58 K=22	47/72/67 K=28.1		3/1/12
Medical Modernization	6/6.5/7	16/10/9 K=10	6/0/15 K=4	1/1/5
Force Development				
Medical Operations		2/0/0		
Medical Support		4/33/19 K=34		
Dental	5/4/1 K=1			
•Brooks Clinic mapped using standard MTF Panel mapping				

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Prioritization

- **Program Assignment by Most to least dear**
- **Prioritization Scheme**
 - **Direct Impact on the AFMS CONOPS**
 - **Multiple enterprise customers/International Clientele**
 - **Direct Combat Support**
 - **Direct UTC Support**
 - **Sole Source for service**
 - **Required by Law**
 - **Stair step of A-B-C priorities**
 - **C- Least desirable with a strata from 1-70**

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Prioritization (cont.)

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- **Notable discussions surrounded**
 - **(A) International Health Specialist**
 - **(B) Aerospace Medicine for Space Operations Course**
 - **(C) 311th MDS/MTF**
 - **(C) DCOM**
 - **Hyper Baric Chamber**
 - **(C) Det 3 Kadena moved from C57 to C1**

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Financial Trade Space

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				FY03 Baseline Resources (\$K)			
A-C Prioritization	Panel Mapping	Organization	Current Baseline Mission Activity	DHP			
				Contracts	O&M	CIV Pay	Financial TOA not Including One Times
C70	OPS	AFIOH/ SDT	Drug Testing Division	\$ -	\$ -	\$ -	\$ -
C69	AO	Det 2		\$ -	\$ -		\$ -
C68	MOD	AFIOH/RSH	Occ Hlth: Industrial Hygiene Equipment Analysis (Initiative)	\$ -	\$ -	\$ -	\$ -
C67	AO	USAFSAM/ATO	B3AZYMSB 002 Medical Standards Bridge Workshop		\$ 101.00		\$ 101,000.00
C66	MOD		Exercises, Training, Education				\$ 101,000.00
C65	AO		- Marketing Public Affairs	\$ -	\$ -	\$ 10,899.31	\$ 111,899.31
C64	MOD		- Accreditation/Security	\$ -	\$ -	\$ 71,822.76	\$ 183,722.07
C63	MOD		- Program Management	\$ -	\$ -	\$ 89,090.00	\$ 272,812.07
C62	MOD		- Help Desk	\$ -	\$ -	\$ -	\$ 272,812.07
C62	MOD		- System Change Requests	\$ -	\$ -	\$ -	\$ 272,812.07
C62	MOD		- Software Releases	\$ -	\$ -	\$ -	\$ 272,812.07
C62	MOD		- Functional Users Groups	\$ -	\$ -	\$ -	\$ 272,812.07
C62	MOD		- Hardware Maintenance	\$ -	\$ -	\$ -	\$ 272,812.07
C62	MOD		- Software License & Support	\$ -	\$ -	\$ -	\$ 272,812.07
C61	AO		Analytical Division	\$ -	60		\$ 332,812.07
C60	AO		ESOH Consulting Division	\$ -	125		\$ 457,812.07
C59	MOD		Analytical Chemistry Enhancements (ACE) Initiative			\$ -	\$ 457,812.07
C58	AO	USAFSAM/ATO	B3AZY4FOX1 002 USAF Hearing Conservation Re- certification		\$ 23.00		\$ 480,812.07
C57	AO	USAFSAM/ATO	B3AZY4FOX1 001 USAF Hearing Conservation Certification		\$ 133.00		\$ 613,812.07
C56	AO	USAFSAM/ATO	B3AZYAFHFW 001 Advanced Force Health Management		\$ 31.00		\$ 644,812.07
C55	AO	USAFSAM/ATR	B3OZY43M3 000 Operational Entomology		\$ 105.00		\$ 749,812.07
C54	AO		- AF Mortality Registry	328.0	13.2	\$ -	\$ 1,091,012.07

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- **Disconnects**
 - **IPT recognized chronic persistent one-times**
 - **One-time funding for FY06 approx \$16.9M**
- **Projected additional requirements**
 - **Baseline under funding of \$19.6M**
 - **HSW estimates Mission Enhancement Costs of a \$9.8M O&M and \$12.8M MILPERS**
- **Total Estimated Adjusted program of \$69.6M**



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Initiatives

- **Technology based initiatives will be vetted through the SGROCC**
- **Rough estimate is \$6.44M**

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Offsets

- **IPT priority list incurred discussion on utility**
- **IPT panel members relied upon HSW/AFMC for prioritization**
 - **HSW/AFMC- Direction of AFMS?**
- **Activities most likely to be considered offsets and their total value may be found in the final report**



AO Panel Trade Space

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	E	F	G	H	I	AD	AE	AF	BD
5	C69	AO	Det 2			\$ -	\$ -		\$ -
7	C67	AO	USAFSAM/ATO	B3AZYMSB 002 Medical Standards Bridge Workshop			\$ 101.00		\$ 101,000.00
9	C65	AO		- Marketing Public Affairs		\$ -	\$ -	\$ 10,899.31	\$ 111,899.31
18	C61	AO		Analytical Division		\$ -	60		\$ 332,812.07
19	C60	AO		ESOH Consulting Division		\$ -	125		\$ 457,812.07
21	C58	AO	USAFSAM/ATO	B3AZY4FOX1 002 USAF Hearing Conservation Re-certification			\$ 23.00		\$ 480,812.07
22	C57	AO	USAFSAM/ATO	B3AZY4FOX1 001 USAF Hearing Conservation Certification			\$ 133.00		\$ 613,812.07
23	C56	AO	USAFSAM/ATO	B3AZYAFHFW 001 Advanced Force Health Management			\$ 31.00		\$ 644,812.07
24	C55	AO	USAFSAM/ATR	B3OZY43M3 000 Operational Entomology			\$ 105.00		\$ 749,812.07
25	C54	AO		- AF Mortality Registry	328.0	13.2		\$ -	\$ 1,091,012.07
28	C51	AO		Air Force Analytical Chemistry Program					\$ 1,091,012.07
29	C50	AO	USAFSAM/ATO	B3OZYAUD 000 PH Aspects of USAF Occupational Health for Audiologists			\$ 8.00		\$ 1,099,012.07
30	C49	AO	USAFSAM/ATO	B3OZYAPEPI 002 Applied Epidemiology			\$ 4.00		\$ 1,103,012.07
31	C48	AO	USAFSAM/ATO	B3ACY4M071 000 Aerospace Physiology Craftsman			\$ 38.00		\$ 1,141,012.07
32	C47	AO	USAFSAM/ATO	B3ACY4B071 001 Bioenvironmental Engineering Craftsman			\$ 93.00		\$ 1,234,012.07
33	C46	AO	USAFSAM/ATO	B3OZY48X0 002 Occupational Medicine			\$ 60.00		\$ 1,294,012.07
34	C45	AO	USAFSAM/ATO	B3OZYPHA 001 Preventive Health Assessment (PHA) System Workshop			\$ 156.00		\$ 1,450,012.07
35	C44	AO	USAFSAM/ATO	B3OZYHPRO 000 Health Promotion			\$ 3.00		\$ 1,453,012.07
36	C43	AO	USAFSAM/ATO	B3OZY47X0 001 USAF Dental Infection Control and Occupational Health Course			\$ 36.00		\$ 1,489,012.07
37	C42	AO	USAFSAM/ATO	B3OZY47X0 000 Preventive Dentistry			\$ 27.00		\$ 1,516,012.07
38	C40	AO	USAFSAM/ATR	Aerospace Physiology CDC Writers					\$ 1,702,407.07

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Recommendations

- **Continue the 311th IPT as a standing sub-panel to be convened during panel resourcing activities.**
- **Assemble panel and 311th program champions for a face to face program review and validation for entire product line**
- **Work with Force Development and the Group to establish an Education and Training Oversight Committee (EdTOC) to track and deconflict education requirements championed by the panels**
- **Distribute resources contained within the activities identified to the appropriate panel for their POM build activities**
- **Consider the work of the 311th IPT as chartered complete**

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AEF Evaluation IPT



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Aerospace IPT - AEF Evaluation

■ Scope/Purpose

- Review of the AEF mission and deployment capabilities to best support the Line**
- Evaluate how future readiness requirements could be sourced from specific AEF medical components**
- Examine variation in UTC assignments/consider an additional AEF rotational component at larger facilities**
- Provide an AFSC- and MTF-specific proposed distribution of all expeditionary taskings**



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Aerospace IPT - AEF Evaluation

■ Membership

- Chair: Lt Col Vinacco, SGPX**
- Consultants: Lt Col Michaud (Aerospace), Lt Col Legan (Surgery), Maj Sumral (BEE)**
- AFMS UTC Functional Area Mgr (FAM) Team: Lt Col Lowry (MSgt Wingard), Mr Tucker, Maj Merchant,**
- Lessons Learned: Maj Lent-Tucker, Lt Col Stone**
- Strategic Plans: Lt Col Chini**
- Med Ops Ctr Rep: Maj Rasmussen**
- SGM Manpower Rep: Maj Behan**
- PLATT Rep: Maj Guerrero**
- Perf Optimization Ctr Rep: Lt Col Reichard**
- MEFPAK MAJCOM / AFFOR Plans Reps: As required**

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Aerospace IPT - AEF Evaluation

- **Methodology: Near-term Analysis**
 - **Analysis of “Turtle” disconnects including CASFs and shift of AE capability into AD MTFs**
OPR: Mr. Tucker
 - **AEF reconciliation**
 - **Capability-based description of AEF construct**
OPR: Maj Merchant/Maj Whitehead/Capt Wickliff
 - **Panel analysis of MAPPG FY06 UMD lay-down/OMT product** **OPR: Panel Chairs/MAJCOM feedback**
 - **Historical analysis of deployed AFSCs/patient care data**
OPR: MOC/ Maj Guerrero



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Aerospace IPT - AEF Evaluation

- **Methodology: Long-term Analysis**
 - **Re-assess AEF requirements**
 - **COCOM / AFFOR Assessments by capability**
 - **Review Force Module & Hub and Spoke Concepts**
 - **Home station (In-Place UTC?) Requirements**
 - **Aerospace Med Flt Wing Mission Spt**
 - **Medical Plans (FAC 5314)**
 - **Homeland Security (WMD 1st Responder)**
 - **Recommend UTC Variations and AEF Re-distribution**
 - **Revise Input to Manpower Force Structure Model (MFSM) for new CORR & LongView ECA**

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Aerospace IPT - AEF Evaluation

■ Timeline/Milestones

- 28 Aug - Initial status update to Group**
- 9 Sep - Brief to MAJCOMs/AFMS Group**
- 24 Sep - IPT Near-term progress report (postponed)**
 - Insufficient data, awaiting Panel laydown deliverable**
- 17 Nov - Update to Group**
 - Present Preliminary Re-look at Requirements**
 - Present AEF Capability Analysis**
 - Discuss Turtle Concept Disconnects**
 - Initial Eval of UMDs for AFSC and MTF specific re-distribution of UTCs for FY06POM Build**
 - Overview of AFMS Force Module Concept**
 - Initial Lessons Learned Recommendations to UTC**

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Questions?



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Dental Private Sector Care IPT



**Col George Gerdtz
IPT Team Leader**

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Dental Private Sector Care IPT

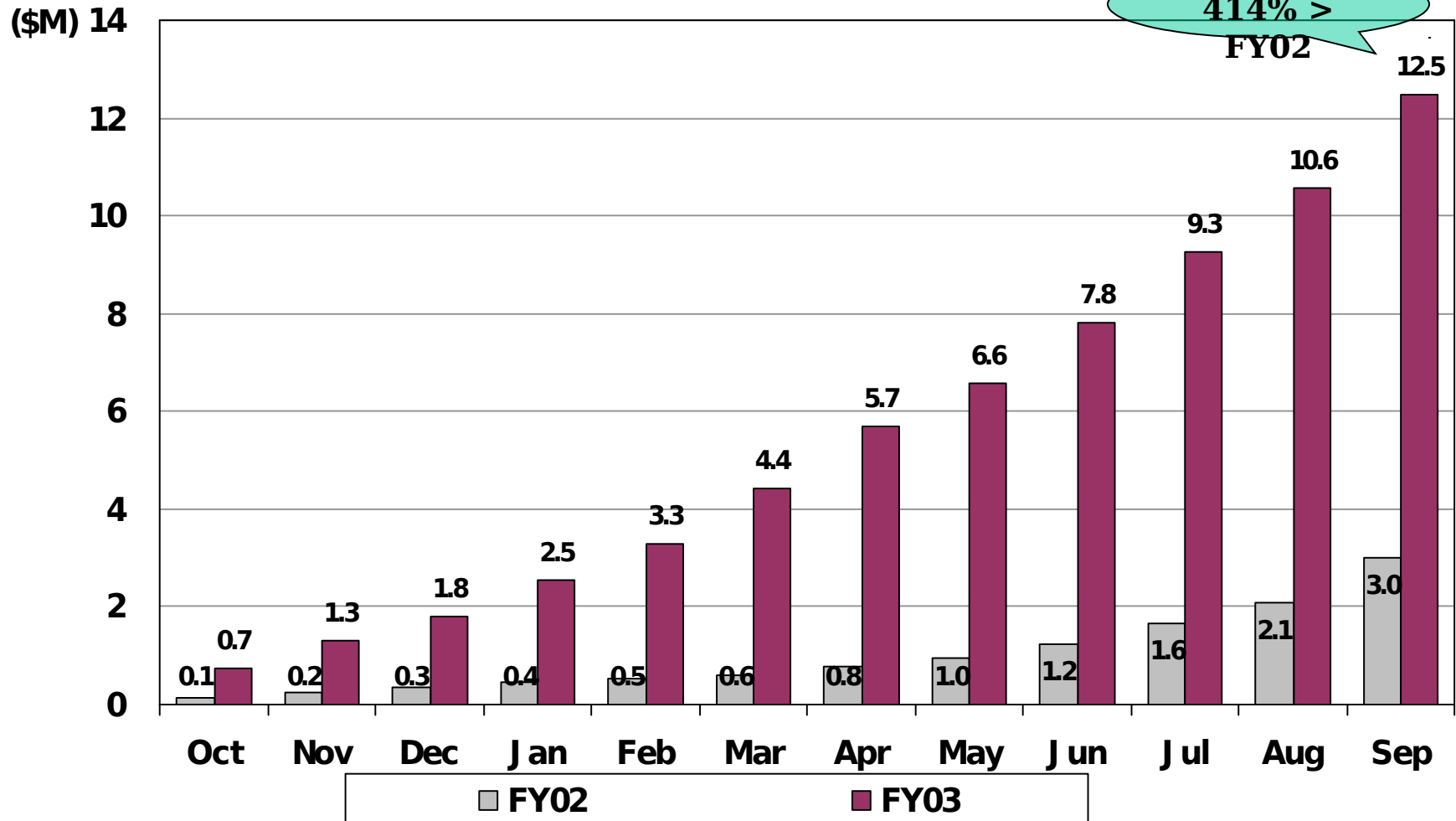
- **What's the problem?**
 - **\$20 million in MMSO in FY 03; on track for ~\$35M in FY 04**
 - **MMSO = DTF referrals, TPRD, VA**
 - **Total MMSO bill 220% > FY 02 (\$9M → \$20M)**
 - **Total MMSO claims 53% > FY 02 (30K → 45K)**
 - **\$302/claim → \$440/claim**
 - **TPRD bill 23% > FY 02 (\$6.1M → \$7.5M)**
 - **'Stressed' DTFs insisting those eligible use it**
 - **DTF referral bill 414% > FY 02 (\$3.0M → \$12.5M)**
 - **Little accountability at local level (MTF, MAJCOM)**
 - **Military DTF → civilian doc → bill to MMSO**
 - **Not included in MTF's budget**
 - **No incentive not to use... incentives to use**
 - **"Other people's money" mentality**

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DTF Referrals



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Dental Private Sector Care IPT

■ Scope/Purpose

- Review (understand) process of ADSM members obtaining PSC dental treatment**
- Determine specific factors contributing to the escalating costs of active duty dental claims**
- Recommend how to control these PSC costs**
 - Recommend how best to link accountability to authority that influences these bills**



Dental Private Sector Care

IPT

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■ **Process Review**

- **Dental care is an entitlement (Title 10)**
- **Care was provided in the DTF when 100% manned (good old days)**
- **AF SGD Policy, Jul 01 → Final option to ensure timely access is PSC**
 - **AD deserve appropriate (Achieve best value dental services)**
 - **...and needed dental care (Achieve oral health to ensure readiness)**
 - **...in a timely fashion (Excellence in all we do)**
- **However there is significant variability (process out of control??)**
 - DTF to DTF...County Options**
 - **No enterprise-wide definition of the dental benefit**
 - **No definition of what's elective care v. needed/required care**
 - **Managing to a metric...If 21 day access is good is 15 days better?**
 - **Most locations charged full fee for service, few negotiate fees**
 - **Varying degrees of 'oversight' & management involvement**

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Dental Private Sector Care

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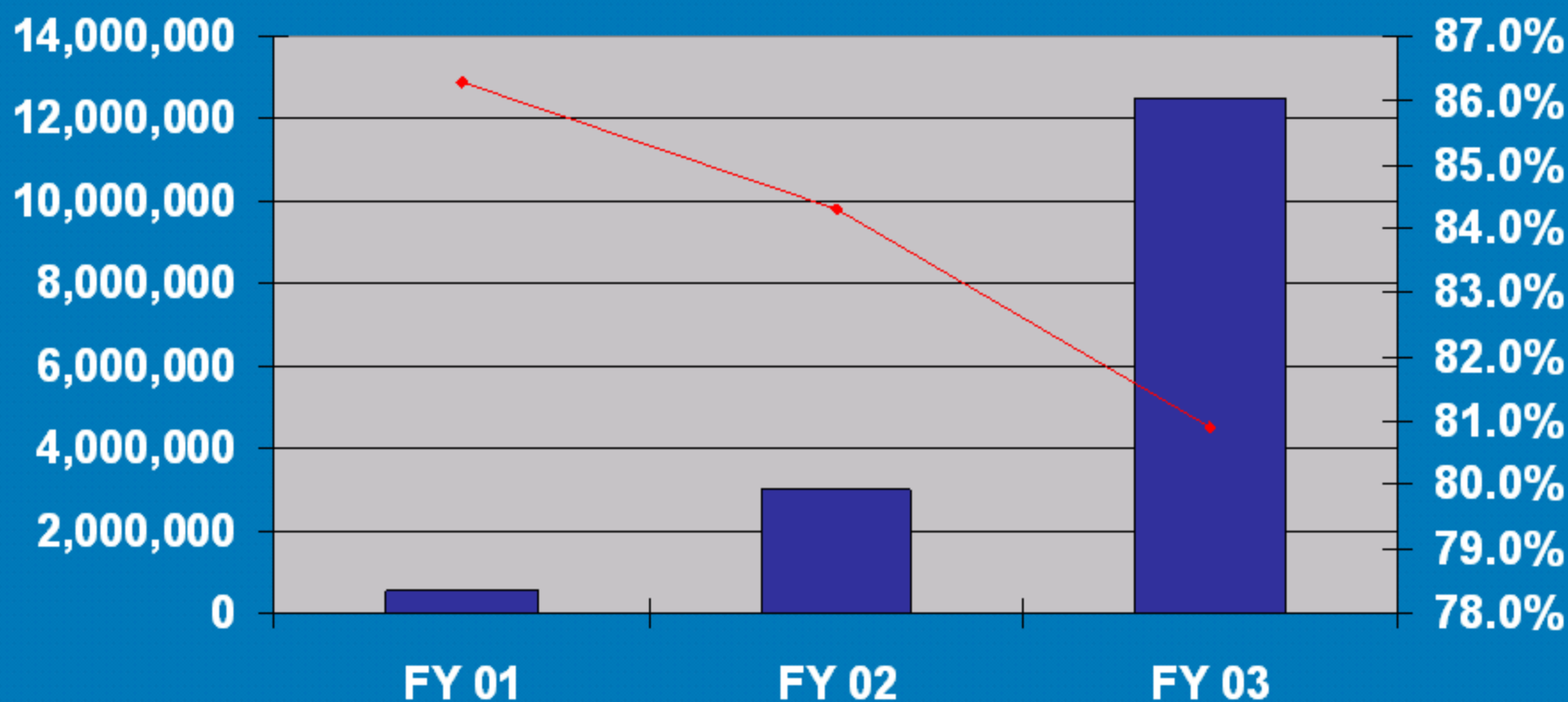
- **Process Review (continued)**
 - **Increasing referrals, price & demand in last few years**
 - **Decreasing dental personnel (can't recruit or retain)**
 - **US-wide problem..fewer grads, older workforce**
 - **Not enough staff for the workload working in an...**
 - **...Inefficient dental delivery system**
 - **1 doc, 1 DTR, 1 assistant, 1 hour, 1 appointment, 1 filling**
 - **"Don't give an airman \$60 to do a \$100 job"**
 - **Clinics don't have right resources to get the job done**
 - **Exacerbated by increased deployments, security details in-garrison, other taskings that disrupt the team**
 - **Dentistry is a team event (doc + assistants + others)**
 - **To deliver care efficiently have to have correct mix of AFSCs and develop routine over time (= optimization)**

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Dental Cost Containment

■ DTF Referred Payments ◆ %FY Clinical Endstrength *



*

%FY Clinical Endstrength = $\frac{\text{Assigned Clinical Dentist FTEs}}{\text{Funded Authorizations}}$



UCSF Study Finds Many Areas in California Have a Dentist Shortage

**FOR FURTHER INFO,
CONTACT:**

Beth Mertz, (415) 476-8181

FOR IMMEDIATE RELEASE

Download [the entire report](#) "Geographic Distribution of Dentists" which is a large file, approximately 3,612 KB (requires [Acrobat](#) Reader). You can also download the report in sections (**recommended**):

- [Dental Report](#)
- [Appendix A](#)
- [Appendix B](#)
- [Appendix C](#)
- [Appendix D](#)

Click [here](#) to order hard copy.

Many of California's rural and urban communities may not have enough dentists, which could limit access to dental care, according to a UC San Francisco report released today by the Center for California Health Workforce Studies.

The study found that out of 487 Medical Service Study Areas--geographic regions defined by state agencies for the administration of various programs--97, or 20 percent, are currently at or below the federal standard of one primary care dentist for every 5,000 people. Of the 97 areas that have dentist shortages, 66 are rural and 31 are urban. Thirty-two Medical Service Study Areas, most of which are rural, do not have any dentists at all.

In addition, regions that have a shortage of dentists tend to have a higher percentage of minorities, lower median incomes and a higher percentage of children. While there are a number of statewide programs aimed at increasing access to dental care, few of them work to place dentists in underserved areas, according to the study authors.

"There is a mal-distribution of dentists," said Elizabeth Mertz, MPA, and project director at the UCSF Center for California Health Workforce Studies. "Existing programs



Dental Private Sector Care

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- **Process Review (continued)**
 - **Increased emphasis on customer service...access (21 & 28) & no waiting lists**
 - **Benchmarked from TRICARE standards**
 - **Improvements in care (crowns, implants, ortho) cost more money**
 - **More educated/demanding (cosmetics, implants) patient population (internet, TV, schooling)**
 - **County option (little oversight, guidance, accountability above DTF)**
 - **Inherent differences between civilian and military dental practices**
 - **What insurance pays for**
 - **Expanded roles/utilization of ancillary personnel**
 - **Fee for service**
 - **Tom Sawyer effect (Getting someone else to do the work)**
 - **Spending other people's money????**
 - **Positive reinforcement for using PSC, no disincentive**

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Dental Private Sector Care IPT

- **Initial IPT meeting 14 Aug**
 - **Reviewed referral process from base level to MMSO**
 - **How? DTF → Civilian Dentist → MMSO Pays**
 - **When?? Why?? Who?? What??- County Options**
 - **Significant variability based on philosophy, management style of DTF/CC**
 - **IPT agreed on need for:**
 - **Weekly meetings**
 - **A defined dental benefit (TMA has produced but not published!!!)**
 - **Additional SGD AF policy/guidance**
 - **Short, medium & long term recommendations**
 - **Higher than DTF-level involvement (MTF, MAJCOM SGD)**
 - **Improving the efficiency of the dental care delivery system the key to controlling PSC & DC costs**

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Dental Private Sector Care

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- **Short Term**
- **...the BEST VALUE delivery of dental care occurs in the DTF!!**
 - **Update SGD policy guidance on PSC use (completed)**
 - **MAJCOM SGD to provide oversight to assist DS/CC**
 - **DTFs to maximize efficiency & productivity**
 - **Utilize most cost-effective local alternatives**
 - **Request/pursue additional staffing (assist, ARC)**
 - **MAJCOMs to level manning based on MMSO use**
 - **DTF to refer after ensuring only needed (non elective) being provided**
 - **Elective/cosmetic care not to be referred**
 - **AFIA (Special Emphasis Item) to evaluate appropriate use of resources**
 - **Define for the enterprise what's elective, what's not**
 - **TMA Defined Dental Benefit and/or AF version (need decision)**
 - **AF SGDetails article defining Elective Care (completed)**

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Dental Private Sector Care

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■ **Mid Term**

- **Redistribute/balance contract dental personnel..ongoing**
- **Phased in implementation of DCO (2 in progress, next 10 selected)**
 - **Used MMSO utilization, facility support, ability to hire locally to determine where to do first**
 - **Gap fill contract initiative to be offset by...**
 - **Currently in Modernization Panel → Dental Ops**
- **Distribute central MMSO funding to MAJCOMs / DTFs (2005??)**
- **Discounted fee schedules, local and/or regional (tool for DS/CCs)**
- **Minimize techs pulled to do other tasks (not just a dental problem)**
- **Dental Containment Metric...visibility...Virtual Analyst...P2R2??**
- **A defined dental benefit published & distributed (**need decision ASAP**)**

■ **Long Term**

- **DCO AF-wide...ongoing related IPT**
- **Recruit (bonuses), retain (pay) AF dental personnel (we can hope)**
- **Keep experienced assistants at chair longer, promotion system changes**
- **Develop civilian network to augment DTFs (Dental TRICARE)**

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Questions?



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882nd Training Group Review



**Lt Col Tom Swinson
HQ USAF/SGCT
3 Dec 03**

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882nd TRG Program Review IPT- Members

■ Membership

- **Maj Marlene Kerchenski, SGCT-Lead**
- **Lt Col Paul Goven, 882 TRG/CD**
- **Lt Col John Griffith, 882 TRSS/CC**
- **Lt Col Jeanne Smith, AETC/SGU**
- **Lt Col Tom Swinson, SGCT**
- **Maj Aigner-Varoz, AETC/SG**
- **Mr. William Law, 882 TRG/TTA**
- **Capt Mark Stephens, 882 TRSS/TSR**
- **Capt Min-yen Jung, 882 TRSS/TSR**
- **CMSgt Derrick Crowley, SGCE**
- **June Green, 882 TRSS/TSR**
- **Victoria Hayden-SGS**
- **Kathy Hernandez, TRSS/TSR**
- **TSgt Horbuckle, 82 TRW/MO**

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Overview

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- **Review conducted late Sept 03 to present, utilizing numerous parties from Air Staff, 882nd TRG, HQ AETC**
- **Reviewed all AFSC awarding courses, supplemental courses and conferences/symposia (Course content not included)**
- **Reviewed May 03 SGM documentation of 882nd TRG manpower with current manpower post mid-year course-pricing cycle**
- **Reviewed Student Man Year (SMY) determination, use and plan to balance**

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Initiatives

■ **Initiatives:**

- **882nd working with Readiness Training Oversight Council (RTOC) on moving all EMEDS training to Sheppard (slide 138)**
- **Possible consolidation of Interactive Courseware (ICW) element chief and ICW civilian manager position**
- **Tentatively identified some courses for discontinuation**
- **Brought to light execution of TDY to School dollars**
- **Analyzing methods to reduce amount of time to bring a new course on line**



Disconnects/Offsets

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- **Disconnects:**
 - **3 Officers over: 1 in Group Practice Manager (GPM) course and 2 in Health Service Administration (HSA) course**
 - **382nd applied for Authorization Change Request (ACR) for GPM**
 - **2 overages in HSA performing additional duties to offset unfunded positions in 882nd TRG**
 - **Pending ACR will earn 0.67 FTE**
- **Offsets: One officer from PCO course**



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Student Man Year (SMY) Update

- SGC approved plan for SMY deployment
- FY 04 SMY requirements for AETC are 1,132 (per TPR Conference)
- Plan

Program	FY03	FY04	FY05	FY06
AETC Programs (Phase I & II) SMY Requirements	1,198	1,132	1,132	1,018
AFMC Program (Phase I) SMY Requirements	62	62	62	56
Total SMY Requirements	1,260	1,194	1,194	1,143
Total Funded (SMY Budget) Additional 425 SMY over next 3 FY*	906	1,031	1,181	1,331
Shortage/Overage	-354	-163	-13	188

*Note: AFMS FY03 Enlisted SMY budget was 906. SGM to provide an additional 425 SMYs to be allocated in increments of 125 for FY04, 150 for FY05 and 150 for FY06. This will establish the following new budgets: (1031) FY04, (1181) FY05 and (1331) FY06. **(See Jan 02 and Feb 02 AFMS Group minutes).**

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~~Manpower Summary*~~

	O	A	C	Total
FY03 POM	78	381	58	517
FY04 Requirements	76	373	58	507
FY04 & FY05 POM (No changes)	76	373	58	507
Current UMD	71	345	58	474
Delta POM to UMD (Under Executed Program)	5	28	0	33
Validated Requirements (Visit)	73	368	58	499
Delta POM to Validated Requirements (Still Over POM'ed)	3	5	0	8
Delta Current UMD to Validated Requirements	-2	-23	0 * From May 03 by SGM	-25

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~~Manpower Summary*~~

	O	A	C	Total
FY03 POM	78	381	58	517
FY04 Requirements	76	373	58	507
FY04 & FY05 POM (No changes)	76	373	58	507
Current UMD	70	335	58	463
Delta POM to UMD (Under Executed Program)	6	28	0	33
Validated Requirements (Visit)	73	368	58	499
Delta POM to Validated Requirements (Still Over POM'ed)	3	5	0	8
Delta Current UMD to Validated Requirements	-3	-33	* Nov 03 0	-36

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Manpower Impact

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- **Post draw-down of 1999, Training Development and Evaluation, Resources, and Squadron Support personnel reduced by 25**
 - **Squadrons reduced from 4 to 3**
- **Results...Positions not being filled in timely manner**
 - **TDE in 383rd TRS has 1 Single Point Manager**
 - **Workload should earn 2-3**
 - **Training managers provide support as well as training function**
 - **Impacts quality and timeliness of training**
- **Insufficient personnel to manage a well-built budget, track costs**
- **Squadron level duties pushed down to instructors as additional duties**
- **Flight commander dual-hatted as training manager (only one in group), also serves as Program Director for three courses**

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Recommendations

- **Encourage 382nd to apply for resource variance for manning in HSA course**
- **Possible discussion of consolidation of CEMM and 882nd TRG-ICW given early indication that CEMM may be looking to Distance Learning initiatives**
- **Deeper assessment and new plan for Conferences and Symposia**
 - **How many quotas are “the right amount”**
 - **Plan for balancing dollars in light of changing enrollment and increasing costs due to GWOT**
- **HQ/SGCE will provide monthly updates to Force Development Panel on SMY execution**

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Questions?



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AFSC Utilization IPT



**LtCol Tom Swinson
HQ USAF/SGCT
3 Dec 03**

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AFSC Utilization IPT

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- **Purpose: To provide the AFMS Group with an update on the progress of the Integrated Process Team**
 - **Classification: Unclassified**
 - **Type: Informational**
 - **Length of Briefing: 20 min**
 - **Briefer: Lt Col Tom Swinson, HQ USAF/SGCT, DSN 754-3771, Tom.Swinson@pentagon.af.mil**



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Special Interest Item Overview

- **AS WRITTEN**
- **Purpose of the IPT: To identify and evaluate factors that impact the personnel workforce and training programs**
- **OBJECTIVES:**
 - **Review linkage between training programs and workforce**
 - **Ensure connection between funded workforce allocation and projected training requirements for each AFSC**
 - **Apply accurate workforce number to a forecasting tool for retention, recruiting and attrition rates**
 - **Provide MAJCOM specific staffing projections for FY06-11 POM**



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Special Interest Item Overview

- **AS INTERPRETED**
- **GOALS:**
- **Develop and test a forecasting model**
 - **Evaluate accuracy of model**
- **Forecast personnel inventory by AFSC for target year**
- **Compare to POM for target year**
- **Identify delta**
- **Sculpt force to manage delta (proactive vs reactive)**



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Force Development IPT- AFSC Utilization

■ Membership

- Lt Col Swinson- SGCT, Chair**
- Lt Col Dawson- SGCA**
- Lt Col Samples-SGCB**
- Lt Col Langston-SGCN**
- Lt Col Wiest- SGCM**
- Lt Col Paris- SGMM**
- Lt Col Riggs- SGMP**
- Maj Bohusch-SGCB**
- Maj Williamson-SGCT**
- Maj Barber-SGCM**
- Maj Rodgers-SGCT**
- CMSgt Crowley-SGCE**
- MSgt Wingard-SGXX**
- AFPC, AETC, AFMC, Consultants**

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History - Training Decisions

- **Pre-1996 had Physician Forecast Board**
- **Charge for Future was to have an Integrated Model (providers by product line)→Integrated Forecast Board**
- **Mission Support Plan driver in FY 98**
- **1999 process incorporated the MAPPG**
- **SGM (spaces).....SGC (faces)**
- **Prospective method, targeting end-strength by shred in out-years**
- **HQ AF/SG, HQ AFPC, MAJCOM, MTF and consultant participation**

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Components / Processes in AFMS Force Management

- **Integrated Forecast Board (190+ officer AFSCs)**
- **Special Pays Program (\$180M annual budget)**
- **AFMS Endstrength Management (OPUR, AFPC products)
...35,000 personnel**
- **AFMS Officer Accession Program...1300+ officers gained annually**
 - **Civilian-sourced Recruiting Requirements**
 - **Military-sourced Recruiting Requirements**
- **HPSP/FAP production (900 students annually)....\$38M annual budget**
- **USUHS production (181 students annually)....45 graduates annually**
- **AFMS force requirements (1300 all corps training opportunities annually)**
- **Loan Repayment Program (\$50M program over 4 yrs)**

I n t e g r i t y - S e r v i c e - E x c e l l e n c e



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Medical Force Management Toolbox - Challenges

- **Concerns about data accuracy/currency are ongoing**
 - **MILPDS missing files, multiple DAFSCs, data filtering techniques**
- **Previous and potential denominators/data sources**
 - **HAF File, MILPDS, Defense Data Manpower Center (DMDC)**
 - **UMDs, Health Manpower Personnel Data System (HMPDS)**
 - **UMDs last used as forecasting tool in FY97**
 - **RAW, IDEAS, Virtual Analyst, THRMIS**
- **IFB often an emotional process...(subjective)**
- **IFB worksheet data often “tweaked” by differing criteria**

I n t e g r i t y - S e r v i c e - E x c e l l e n c e



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IPT Direction

- **Met with and considered expert opinions: SGMP, PLATT, AFPOA, Consultants, AFPC/DPAME Branch Chiefs, former AO's**
- **Revived a model based on historical data, with weighted (5 yr) averages for gains and losses (Lt Col Ken Franklin approach)**
- **Validation of forecasting model**
 - **Populated the model with scrubbed data on gains and losses from AFPC**
 - **Applied procedure for FY95-99**
 - **Compared model to actual Assigned for FY02 (target)**
 - **Three year projection**
 - **Mathematical accuracy calculated**
- **Compared to accuracy of IFB- Model for same period**

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Validation Review

- **Officer AFSCs rolled up into 64 individual AFSCs**
- **52 “usable” AFSCs due to new shreds or other changes
(used 3 digit level)**
- **Model compared to actual assigned FY02 (3 yr forecast)**
- **Compared to 1999 IFB prediction for 2002**

	Best Predictor	Most accurate (90-110%)
Franklin Model	20/52 (38%)	14/20 (70%)
IFB - Model	26/52 (50%)	20/26 (77%)
Same result +/- 1%	6/52 (12%)	4/6 (67%)



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Sample of Variation

AFSC	Model	Target	IFBModel
42P	95%	236	106%
43B	88%	82	137%
43H	100%	176	103%
44F	108%	651	103%
45A	149%	76	82%
45E	150%	38	105%
46A	76%	253	78%
47B	97%	34	106%
47K	94%	17	94%

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Validation Summary/Findings

- **Considerable variability in accuracy of forecasting noted**
 - **Range = 50% to 150% for *both* models**
- **Little correlation between size of cohort and accuracy of forecast**
 - **As little as 3% difference in groups ranging in size from:
7-74-175-308 for model; and from 17-156-341 for IFB**
- **A trend exists for the Model predicting >110% more often (21/52 vs. 8/52)**
- **IFB more accurate (77%), more OFTEN (50%)**
- **BACK TO THE DRAWING BOARD**



Subsequent Progress

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- **Met again with input from all Corps and IFB experienced staff**
 - **Presented with “Manaker Model”**
 - **Complexity and applicability concerns**
- **Revisited the IFB data and process applicability**
 - **All required inputs present (beginning workforce, output from training, workforce losses, accessions, etc)**
 - **Branch chiefs, consultants, others felt the process was good, not perfect but vastly improved over previous years**
- **Have FY06 forecast from FY03 IFB for most AFSCs (some shreds not represented)**

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The Way Ahead

- **Use the IFB model**
 - **Apply standard business rules or guidance from SGC/Corps Directors**
- **Data pull from HQ AFPC/DPAMF3 for all AFSCs**
 - **Use actual number for training outputs where known, and historical averages where not known**
 - **Accessions and losses, use historical average**
- **Get “proximity check” from consultants**
 - **Agree on method for adjusting predictions in out years**
 - **Length of training makes training output “impact year” easier for some, more guesswork for other AFSCs**
- **Answer the Questions that remain:**

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Notional Training Projections for FY 06-11 POM Build

AFSC	FY 03 Inv	FY06 WF Rq't	Total Tng Billets F' Required					Comments
			3	06	07	8	09	
48A Aero Med	123	167	44	88	88	88	88	Impact FY08
44Z Allergists	16	18	7	9	9	9	9	Impact FY08
44EA Emerg Svcs	113	121	35	43	43	43	43	Impact FY08
44F Fam Practice	508	442	129	73	73	73	73	Impact FY08
44M IM	159	161	99	101	101	101	101	Impact FY08
44D Pathology	34	37	15	18	18	18	18	Impact FY09
46M CRNA	159	173	48	62	62	62	62	Impact FY08
45A Anesthesia	57	77	31	51	51	51	51	Impact FY08
44R Radiology	10							

FY03 Inv = FY03 hand-scrubbed data by AFPC (w/o training)

FY06 WF Rq't = FY06 Workforce Requirement (w/o training) =

FY05 Baseline



Issues and Concerns

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- **Retention calculations/impact on final numbers**
 - **Do we use different rules for different AFSC or Corps?**
 - **Use of AFPOA for modeling/predicting retention figures?**
- **Treatment of those in 40X position or other career broadening assignment--count against their PAFSC?**
 - **Need guidance on % of AFSC out of MTF; calculation of non-MTF personnel from critically manned specialties**
- **If SGMP re-programs undermanned AFSC, what assurance is there that future programming will return to previous level?**
 - **Impact of reduced authorizations on special pay, bonus pay**
 - **Will spaces be blue suit or contract?**
- **What role will consultants play?**
- **What role does force development have?**

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Recommendations

- **IFB Working Group from SGC to engage in process**
 - **Recommend solutions/guidance for issues stated previously**
- **Seek to further refine forecasting tool**
 - **Consider contract support for more “sophisticated” decision support**
 - **Expand tool to include market factors (e.g. Accession bonuses, economy, pay-gaps, etc)**
- **Link to MRT for feedback during POM build**

- **Future decisions must be based SAME data source and objective processes....clean/reliable data is the GOAL**
- **Strive to build UMD to the POM**

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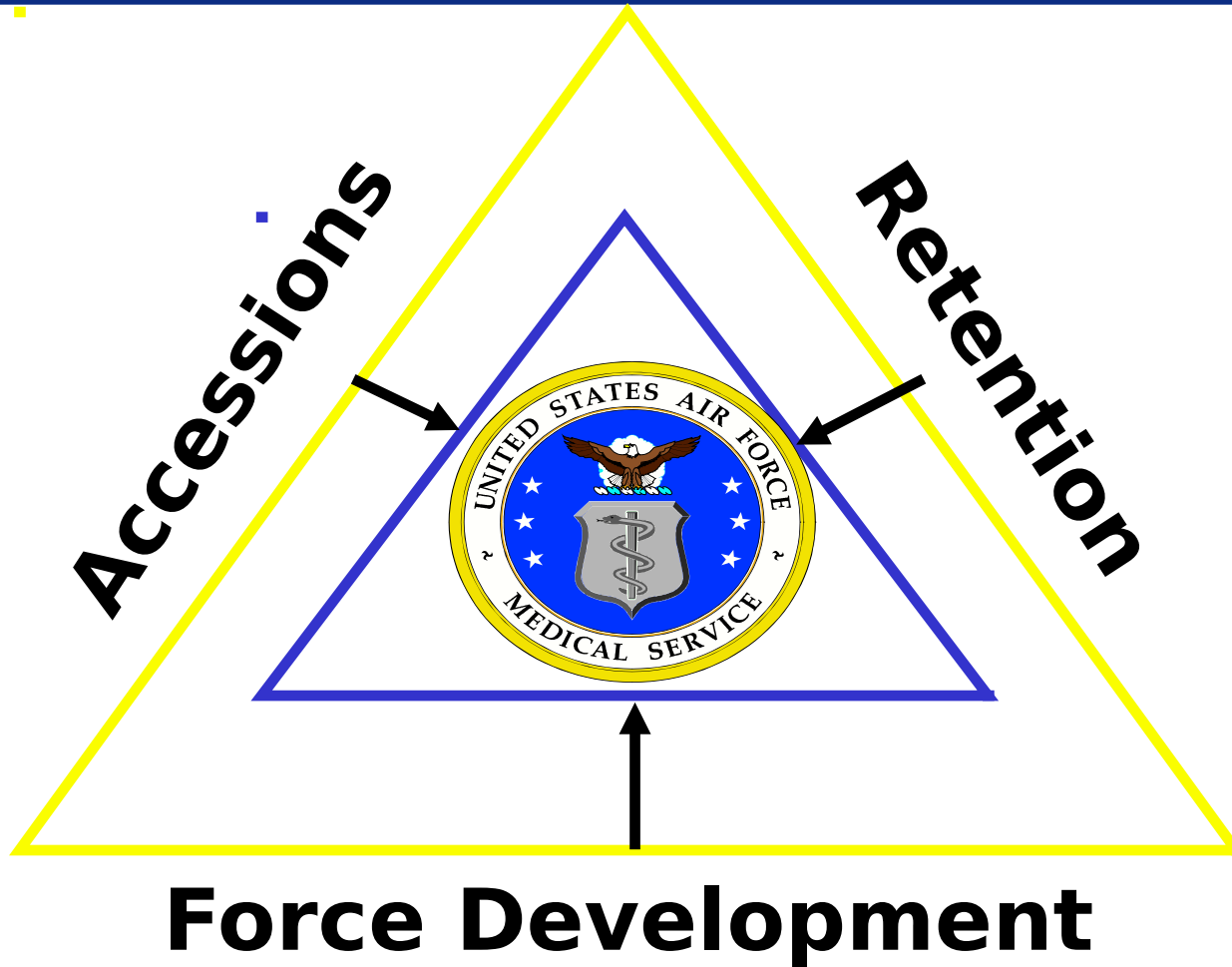
Summary

- **Linkage between training programs and workforce is built upon requirements driven by the Long View**
 - **Must consider ECA, BCA, CCA**
- **Perfect model not yet conceived (nor is it likely)**
- **Consultant input needed to refine the forecast (match faces with spaces)**
- **Current enlisted model appears less troublesome (retention history more clear, training length shorter)**
- **Manaker Model a good concept but perhaps not universally applicable**
- **Providing MAJCOM Specific staffing projections beyond the capability of this IPT**



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Balance (Right Mix)



***"Putting it all Together -- Faces with
Spaces"***

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Questions?

???

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Meeting Recap & Calendar

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- **New Items**
- **Action Items**
- **Meeting Schedule:**
 - **AFMS Group: Wed., 10 Dec, 1300-1530 EST, 4th floor conf rm**

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